

SOUTH DAKOTA STATE DEPARTMENT OF HEALTH TEMPORARY CAMPGROUND LICENSE APPLICATION

FEE - \$75.00

FOR 14 DAYS (OR LESS) OF OPERATION AT A FIXED LOCATION

OCCASION OR EVENT _____ DATES _____
LOCATION OF CAMPGROUND _____ CITY _____
ESTABLISHMENT NAME _____ TELEPHONE # _____
OWNER NAME _____ CELL PHONE # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

WATER SUPPLY: PUBLIC ☐ PRIVATE ☐ SEWER: PUBLIC ☐ PRIVATE ☐

LOCATION OF SOURCE _____

I verify the information contained in this application is true and complete, and I consent to allow inspections of the campground by authorized department inspectors during business hours upon the presentation of identification.

Signed (owner) _____ Date _____

The department will issue or renew a license only after payment of the proper fee, ascertainment that the facts set forth in the application are true and complete, and satisfactory evidence of the applicant's ability to comply with the provisions of SDCL 34-18 and the rules promulgated thereunder.

TOTAL AMOUNT REMITTED \$ _____

COMPLETE THE APPLICATION AND SUBMIT IT WITH THE APPROPRIATE LICENSE FEE TO:

SOUTH DAKOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH PROTECTION
615 E 4TH ST
PIERRE SD 57501
TELE: 605-773-4945
FAX: 605-773-6667